PRINTED: 6/24/2023 FORM APPROVED 2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  NAME OF PROVIDER OR SUPPLIER: GREEN RIDGE CARE CENTER  STATE LICENSE NUMBER: 332302		:	A. BLDG: _ B. WING: _ CITY, STATE, Z			(X3) DATE SURVEY COMPLETED: 03/28/2023	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
28, 2023, it was de Ridge Care Center deficiencies cited of March 3, 2023, un 42 CFR Part 483 S	Based on a revisit conducted on March 28, 2023, it was determined that Green Ridge Care Center corrected the federal deficiencies cited during the survey of March 3, 2023, under the requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care.		F 00000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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## **Certified End Page**

## **GREEN RIDGE CARE CENTER**

STATE LICENSE NUMBER: 332302 SURVEY EXIT DATE: 03/28/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY